



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Aging and Disability Services

Aging and Long-Term Support Administration

PO Box 45600, Olympia, WA 98504-5050

March 21, 2013

CERTIFIED MAIL 7007 1490 0003 4202 2058

Administrator
Narrows Glen
802 Laurel Lane North
Tacoma, WA 98406

Assisted Living Facility License #1969
Licensee: Avalon Narrows Glen LLC

IMPOSITION OF CONDITIONS ON LICENSE

Dear Administrator:

This letter constitutes formal notice of imposition of conditions on license for your assisted living facility located at **802 Laurel Lane North, Tacoma**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in the Laws of 1998, Chapter 272; RCW 18.20.190.

The imposition of conditions on a license is based on the following violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on February 26, 2013.

WAC 388-78A-2140(5) Negotiated service agreement contents.

The Licensee failed to incorporate information from the physician history and physical examination report related to one resident's attempted suicide in the service plan.

The department, based on the findings of the inspection, has determined that the following condition(s) shall be placed on your license:

- *The facility will review all resident assessments and Negotiated Service Agreements (NSA) to ensure that needs identified in the assessments are reflected in the NSA.*
- *The facility must post the Notice of Conditions of Operation in a place visible to residents and visitors.*

The effective date of the condition on your license is March 21, 2013. As provided in RCW 18.20.190, the effective date of the condition on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest this condition on your license by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 438-7903

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You must:

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Administrator
Narrows Glen
March 12, 2013
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Dahl Kim, Field Manager
District 3, Unit A
1949 S. State St
MS: N27-24
Tacoma, WA 98405-2850
Phone: (253) 983-3826/ Fax: (253) (253) 589-7240

If you have any questions, please contact Dahl Kim at (253) 983-3826.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

cc: Robert Ogolsky, Compliance Specialist
RCS Field Manager – District 3 Unit A
RCS District Administrator – District 3
HCS Regional Administrator – Region 3
DDD Regional Administrator – Region 3
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA- Kitsap
Medicaid Fraud Control Unit
Judi Plesha, HCS
HQ Central Files
DS